

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| | | |
|-------------------|---|--------------------|
| IN THE MATTER OF: |) | Chapter 13 |
| |) | |
| KENNETH FULTZ, |) | Case No.: 16-28034 |
| |) | |
| Debtor. |) | Hon. Judge Thorne |

NOTICE OF MOTION

To the following persons or entities who have been served via electronic mail:

U.S. Bankruptcy Trustee: USTPRegion11.ES.ECF@usdoj.gov

Marilyn O. Marshall, Chapter 13 Trustee: thocall@chi13.com

To the following persons or entities who have been served via U.S. Mail:

See attached list.

Please take notice that I shall appear before the following named Bankruptcy Judge, or any other Judge presiding in his stead at 219 S. Dearborn Street, Chicago, IL 60604, and in the following courtroom (or any other place posted), and present the attached **Motion to Modify Chapter 13 Plan**, at which time and place you may appear.

JUDGE: THORNE
ROOM: 613
DATE: July 11, 2018
TIME: 10:00 AM

PROOF OF SERVICE

A copy of this Notice of Motion and attachments were deposited at the United States Post Office, Wheeling, Illinois, 60090, with sufficient postage prepaid, by Michael R. Colter, II, or served electronically by the bankruptcy court, under oath and under all penalties of perjury.

DATE OF SERVICE: June 11, 2018

/s/ Michael R. Colter, II

Michael R. Colter, II, A.R.D.C. #6304675

Attorney for the Debtor(s)
DAVID M. SIEGEL & ASSOCIATES
790 Chaddick Drive
Wheeling, IL 60090
847/520-8100

To the following persons or entities who have been served via U.S. Mail:

Kenneth V. Fultz
12635 S. Lincoln St., Apt. 3
Calumet Park, IL 60827

American Honda Finance
P.O. Box 168088
Irving, TX 75016

Cavalry SPV I LLC
P.O. Box 27288
Tempe, AZ 85282

Education Credit Mgmt Corp
Lockbox 8682
P.O. Box 16478
St. Paul, MN 55116

Illinois Student Assistance Comm.
P.O. Box 235
Deerfield, IL 60015

Jefferson Capital Systems, LLC
P.O. Box 772813
Chicago, IL 60677

Portfolio Recover Associates
P.O. Box 12914
Norfolk, VA 23541

Quantum3 Group
P.O. Box 788
Kirkland, WA 98083

Resurgent Capital Services
P.O. Box 10587
Greenville, SC 29603

U.S. Dept. of Ed.
P.O. Box 105193
Atlanta, GA 30348

- 8) Debtor requests these modifications to modify the confirmed plan to update the tax refund language and defer the current default so that he may continue to repay his creditors.

WHEREFORE, the Debtor, KENNETH FULTZ, prays that this Honorable Court enter an Order to Modify the Chapter 13 Plan, and for other such relief as the Court deems fair and proper.

Respectfully Submitted,

/s/ Michael R. Colter, II
Michael R. Colter, II, A.R.D.C. #6304675
Attorney for the Debtor

EXHIBIT A

Form 1040 U.S. Individual Income Tax Return 2016

Department of the Treasury—Internal Revenue Service (99)

OMB No. 1545-0074 RS Use Only—Do not write or staple in this space

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning ending

Your first name and initial: KENNETH V Last name: FULTZ

If a joint return, spouse's first name and initial: Last name:

Home address (number and street). If you have a P.O. box, see instructions. 12635 S LINCOLN Apt. no. 3

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CALUMET PARK, IL 60827

Foreign country name: Foreign province/state/county: Foreign postal code:

Filing Status: 1 [X] Single 2 [] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child

Check only one box.

Exemptions: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [] Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)

If more than four dependents, see instructions and check here []

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income. List type and amount. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income: 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 Deductible part of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 31b Taxable amount. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. Attach Form 8917. 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income.

Boxes checked on 6a and 6b: 1 No. of children on 6c who: 0 lived with you 0 did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Add numbers on lines above 1

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

EXHIBIT A

Form 1040 (2018) **KENNETH V FULTZ**

Page 2

Tax and Credits

| | | | |
|-----|--|-----|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 17,234. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 0 | 39a | 0 |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b | 39b | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 6,300. |
| 41 | Subtract line 40 from line 38 | 41 | 10,934. |
| 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions. | 42 | 4,050. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 6,884. |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 688. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 688. |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | 0. |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 688. |

Other Taxes

| | | | |
|-----|--|-----|------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 688. |

Payments

| | | | |
|-----|---|-----|--------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 2,004. |
| 65 | 2016 estimated tax payments and amount applied from 2015 return | 65 | |
| 66a | Earned income credit (EIC) NO. | 66a | |
| b | Nontaxable combat pay election. <input type="checkbox"/> 66b | 66b | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 2,004. |

Refund

| | | | |
|-----|---|-----|--------|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 1,316. |
| 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 1,316. |
| b | Routing number | | |
| d | Account number | | |
| c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| 77 | Amount of line 75 you want applied to your 2017 estimated tax | 77 | |

Amount You Owe

| | | | |
|----|--|----|----|
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 0. |
| 79 | Estimated tax penalty (see instructions) | 79 | |

Third Party Designee

| | | | |
|--|--|---------------------|----------------------|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No | | | |
| Designee's name | Tanya C Foucher, CPA | Phone | 773-562-0545 |
| Designee's address | Personal identification number (PIN) 04991 | | |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature, if a joint return, both must sign. | Date | Spouse's occupation | (708) 378-6528 |

Paid Preparer Use Only

| | | | | |
|----------------------------|-----------------------|------------|--|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| Tanya C Foucher, CPA | Tanya C Foucher, CPA | 02/25/2017 | | |
| Firm's name | Firm's EIN | | Phone no. | |
| Tanya C. Foucher, CPA | | | | |
| Firm's address | Blue Island, IL 60406 | | | |

EXHIBIT B

| Form 1040 Department of the Treasury—Internal Revenue Service (99) | | 2017 | | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|--|-------------------------------------|--|--|--|-----------|--|---|--|--|---|----|--|--|----|--|---|----|--------------------------|---|----|--|---|--------------------------|--|---|----|--|--|-----|--|--|----|--|-----------------------|-----|-----|------------------------------------|-----|--|----------------------------|-----|--|---|-----|--|--|----|--|--|----|--------|------------------------------|----|-----|------------------------------|-----|--|------------------|-----|--|---------------------------------------|----|--|--|----|--------|
| For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, ending _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your first name KENNETH | | M.I. V | Last name FOURZ | Suffix | See separate instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a joint return, spouse's first name | | M.I. | Last name | Suffix | Your social security number [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. 12635 S LINCOLN ST | | Apt. no. | | Make sure the SSN(s) above and on line 6c are correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Calumet Park IL 60827- | | Foreign country name | | Foreign province/state/country | Foreign postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Status | | 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check only one box. | | First name | | Last name | SSN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemptions | | 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed 1 | | | | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>7 Wages, salaries, tips, etc. Attach Form(s) W-2</td><td>7</td><td>27,771</td></tr> <tr><td>8a Taxable interest. Attach Schedule B if required</td><td>8a</td><td> </td></tr> <tr><td>b Tax-exempt interest. Do not include on line 8a</td><td>8b</td><td> </td></tr> <tr><td>9a Ordinary dividends. Attach Schedule B if required</td><td>9a</td><td> </td></tr> <tr><td>b Qualified dividends</td><td>9b</td><td> </td></tr> <tr><td>10 Taxable refunds, credits, or offsets of state and local income taxes</td><td>10</td><td> </td></tr> <tr><td>11 Alimony received</td><td>11</td><td> </td></tr> <tr><td>12 Business income or (loss). Attach Schedule C or C-EZ</td><td>12</td><td> </td></tr> <tr><td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td><td>13</td><td> </td></tr> <tr><td>14 Other gains or (losses). Attach Form 4797</td><td>14</td><td> </td></tr> <tr><td>15a IRA distributions</td><td>15a</td><td>103</td></tr> <tr><td>b Taxable amount</td><td>15b</td><td> </td></tr> <tr><td>16a Pensions and annuities</td><td>16a</td><td> </td></tr> <tr><td>b Taxable amount</td><td>16b</td><td> </td></tr> <tr><td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td><td>17</td><td> </td></tr> <tr><td>18 Farm income or (loss). Attach Schedule F</td><td>18</td><td> </td></tr> <tr><td>19 Unemployment compensation</td><td>19</td><td>528</td></tr> <tr><td>20a Social security benefits</td><td>20a</td><td> </td></tr> <tr><td>b Taxable amount</td><td>20b</td><td> </td></tr> <tr><td>21 Other income. List type and amount</td><td>21</td><td> </td></tr> <tr><td>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income</td><td>22</td><td>28,299</td></tr> </table> | | | | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 27,771 | 8a Taxable interest. Attach Schedule B if required | 8a | | b Tax-exempt interest. Do not include on line 8a | 8b | | 9a Ordinary dividends. Attach Schedule B if required | 9a | | b Qualified dividends | 9b | | 10 Taxable refunds, credits, or offsets of state and local income taxes | 10 | | 11 Alimony received | 11 | | 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | | 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | | 14 Other gains or (losses). Attach Form 4797 | 14 | | 15a IRA distributions | 15a | 103 | b Taxable amount | 15b | | 16a Pensions and annuities | 16a | | b Taxable amount | 16b | | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | 18 Farm income or (loss). Attach Schedule F | 18 | | 19 Unemployment compensation | 19 | 528 | 20a Social security benefits | 20a | | b Taxable amount | 20b | | 21 Other income. List type and amount | 21 | | 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 28,299 |
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 27,771 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8a Taxable interest. Attach Schedule B if required | 8a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Tax-exempt interest. Do not include on line 8a | 8b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Qualified dividends | 9b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Alimony received | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15a IRA distributions | 15a | 103 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable amount | 15b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Pensions and annuities | 16a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable amount | 16b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Farm income or (loss). Attach Schedule F | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Unemployment compensation | 19 | 528 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20a Social security benefits | 20a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Taxable amount | 20b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Other income. List type and amount | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 28,299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Gross Income | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>23 Educator expenses</td><td>23</td><td> </td></tr> <tr><td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td><td>24</td><td> </td></tr> <tr><td>25 Health savings account deduction. Attach Form 8889</td><td>25</td><td> </td></tr> <tr><td>26 Moving expenses. Attach Form 3903</td><td>26</td><td> </td></tr> <tr><td>27 Deductible part of self-employment tax. Attach Schedule SE</td><td>27</td><td> </td></tr> <tr><td>28 Self-employed SEP, SIMPLE, and qualified plans</td><td>28</td><td> </td></tr> <tr><td>29 Self-employed health insurance deduction</td><td>29</td><td> </td></tr> <tr><td>30 Penalty on early withdrawal of savings</td><td>30</td><td> </td></tr> <tr><td>31a Alimony paid</td><td>31a</td><td> </td></tr> <tr><td>b Recipient's SSN</td><td> </td><td> </td></tr> <tr><td>32 IRA deduction</td><td>32</td><td> </td></tr> <tr><td>33 Student loan interest deduction</td><td>33</td><td> </td></tr> <tr><td>34 Reserved for future use</td><td>34</td><td> </td></tr> <tr><td>35 Domestic production activities deduction. Attach Form 8803</td><td>35</td><td> </td></tr> <tr><td>36 Add lines 23 through 35</td><td>36</td><td> </td></tr> <tr><td>37 Subtract line 36 from line 22. This is your adjusted gross income</td><td>37</td><td>28,299</td></tr> </table> | | | | 23 Educator expenses | 23 | | 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | | 25 Health savings account deduction. Attach Form 8889 | 25 | | 26 Moving expenses. Attach Form 3903 | 26 | | 27 Deductible part of self-employment tax. Attach Schedule SE | 27 | | 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | | 29 Self-employed health insurance deduction | 29 | | 30 Penalty on early withdrawal of savings | 30 | | 31a Alimony paid | 31a | | b Recipient's SSN | | | 32 IRA deduction | 32 | | 33 Student loan interest deduction | 33 | | 34 Reserved for future use | 34 | | 35 Domestic production activities deduction. Attach Form 8803 | 35 | | 36 Add lines 23 through 35 | 36 | | 37 Subtract line 36 from line 22. This is your adjusted gross income | 37 | 28,299 | | | | | | | | | | | | | | | |
| 23 Educator expenses | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Health savings account deduction. Attach Form 8889 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Moving expenses. Attach Form 3903 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Deductible part of self-employment tax. Attach Schedule SE | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Self-employed health insurance deduction | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Penalty on early withdrawal of savings | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31a Alimony paid | 31a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Recipient's SSN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 IRA deduction | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Student loan interest deduction | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 Reserved for future use | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Domestic production activities deduction. Attach Form 8803 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Add lines 23 through 35 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Subtract line 36 from line 22. This is your adjusted gross income | 37 | 28,299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EXHIBIT B

Form 1040 (2017)

KENNETH V FUJITA

Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income).

39a Check ☐ You were born before January 2, 1953, ☐ Blind. ☐ Spouse was born before January 2, 1953, ☐ Blind. Total boxes checked ☐ 39ab If your spouse itemizes on a separate return or you were a dual-status alien, check here. ☐ 39b

Standard Deduction for:

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$8,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

41 Subtract line 40 from line 38

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

44 Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐

45 Alternative minimum tax (see instructions). Attach Form 6251

46 Excess advance premium tax credit repayment. Attach Form 8962

47 Add lines 44, 45, and 46

48 Foreign tax credit. Attach Form 1116 if required

49 Credit for child and dependent care expenses. Attach Form 2441

50 Education credits from Form 8863, line 19

51 Retirement savings contributions credit. Attach Form 8880

52 Child tax credit. Attach Schedule 8812, if required

53 Residential energy credit. Attach Form 5695

54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐

55 Add lines 48 through 54. These are your total credits

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60a Household employment taxes from Schedule H

b First-time homebuyer credit repayment. Attach Form 5405 if required

61 Health care: individual responsibility (see instructions) Full-year coverage ☐62 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)

63 Add lines 56 through 62. This is your total tax

Payments

64 Federal income tax withheld from Forms W-2 and 1099 FORM 1099

65 2017 estimated tax payments and amount applied from 2016 return

66a Earned income credit (EIC)

b Nontaxable combat pay election ☐ 66b

67 Additional child tax credit. Attach Schedule 8812

68 American opportunity credit from Form 8863, line 8

69 Net premium tax credit. Attach Form 8962

70 Amount paid with request for extension to file

71 Excess social security and tier 1 RRTA tax withheld

72 Credit for federal tax on fuels. Attach Form 4136

73 Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☒ X

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

77 Amount of line 75 you want applied to your 2018 estimated tax

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions

79 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ☒ Center for Economic Progress

Firm's EIN

Firm's address ☒ 567 W LAKE ST STE 1150

Phone no.

Chicago IL 60661

Form 1040 (2017)